Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name						
	Write the name that is on	Shannon					
	your government-issued picture identification (for	First name		First name			
	example, your driver's	Christine					
	license or passport).	Middle name		Middle name			
	Bring your picture identification to your	Mullin					
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years	•					
	Include your married or maiden names.						
	maiden names.						
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7700					
	( )						

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)
	doing business as names		
		EINs	EINs
5.	Where you live	71674 Juliet Ct.	If Debtor 2 lives at a different address:
		Romeo, MI 48065  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Macomb	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	Chapter 7							
		☐ Chap	pter 11						
		☐ Cha <sub>l</sub>	pter 12						
		☐ Cha <sub>l</sub>	pter 13						
8.	How you will pay the fee	at or	out how yo	ou may pay. Typi attorney is subm	cally, if you are paying the fee yo	my petition. Please check with the clerk's office in your local court for more details you are paying the fee yourself, you may pay with cash, cashier's check, or money our payment on your behalf, your attorney may pay with a credit card or check with			
						on, sign and attach the Application for Individu	als to Pay		
			_		s (Official Form 103A).  Ved (You may request this option	n only if you are filing for Chapter 7. By law, a	iudge may.		
		bı ar	ut is not rec oplies to yo	luired to, waive y ur family size and	our fee, and may do so only if yod you are unable to pay the fee i	our income is less than 150% of the official pown installments). If you choose this option, you rotal Form 103B) and file it with your petition.	erty line that		
9. Have you filed for bankruptcy within the ■ No.									
	last 8 years?	☐ Yes.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	■ No.	Go to	line 12.					
	residence?	☐ Yes.	Has yo	our landlord obtai	ined an eviction judgment agains	st you?			
				No. Go to line 1	2.				
				Yes. Fill out <i>Init</i> this bankruptcy		Judgment Against You (Form 101A) and file it	as part of		

Case number (if known)

Debtor 1 Shannon Christine Mullin

page 3

Dep	Snannon Christin	e Mullin			Case number (if known)
_					
Par	Report About Any Bu	sinesses	You Own as	s a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Pa	art 4.	
		☐ Yes.	Name a	nd location of bus	siness
	A sole proprietorship is a business you operate as		Name of	business, if any	
	an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number	Street, City, Sta	te & ZIP Code
	it to this petition.		Check th	ne appropriate bo	x to describe your business:
			□ H	Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
			<b>–</b> 1	None of the above	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, standare operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the			
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).	■ No.	I am not	filing under Chap	oter 11.
		□ No.	I am filin Code.	g under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filin	g under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardous	Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and	□ 1es.	What is the	hazard?	
	identifiable hazard to public health or safety?				
	Or do you own any		If immediat	e attention is	
	property that needs immediate attention?			ny is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is th	ne property?	
					Number, Street, City, State & Zip Code

### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability. П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Shannon Christine Mullin			Case number (if known)					
Par	6: Answer These Questi	ons for Re	porting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consuindividual primarily for a persona		ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			■ Yes. Go to line 17.					
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe t	hat are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. C	Go to line 18.				
Do you estimate that after any exempt property is excluded and				ou estimate that after any exempt propole to distribute to unsecured creditors?				
	administrative expenses		■ No		ts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an or household purpose."  18.  18.  18.  19.  19.  19.  19.  19.  19.  19.  19			
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes					
18.			□ 25,001-50,000					
	you estimate that you owe?	☐ 50-99		<b>5</b> 001-10,000	☐ 50,001-100,000			
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More than100,000			
19.	How much do you	<b>\$0 - \$5</b>	0.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,00	1 - \$100,000	□ \$10,000,001 - \$50 million				
			01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million				
20.	How much do you	<b>\$0 - \$5</b>	0,000	☐ \$1,000,001 - \$10 million				
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million				
		_	01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million				
Par	7: Sign Below							
For	you	I have exa	mined this petition, and I declare	under penalty of perjury that the inform	nation provided is true and correct.			
				ay or agree to pay someone who is no tice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this			
		I request r	elief in accordance with the chap	ter of title 11, United States Code, spec	cified in this petition.			
			y case can result in fines up to \$2					
		Shannor	non Christine Mullin n Christine Mullin of Debtor 1	Signature of Debtor	2			
		Executed	on <b>March 28, 2019</b>	Executed on				
			MM / DD / YYYY	MM	/ DD / YYYY			

Debtor 1	Shannon Christine Mullin	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

Bar number & State

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joshua B. Sanfield Signature of Attorney for Debtor	Date	March 28, 2019 MM / DD / YYYY
Joshua B. Sanfield P66184 Printed name		
Law Offices of Joshua B. Sanfield, P.L.L.C	<b>)</b> .	
28850 Mound Rd.		
Warren, MI 48092  Number, Street, City, State & ZIP Code		
Contact phone <b>586-573-9000</b>	Email address	jsanfield@sanfieldlaw.com
P66184 MI		

Fill in	this inform	ation to identify your	case.			
Debto		Shannon Christin				
		First Name	Middle Name	Last Name		
Debto (Spous	or 2 e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Banl	kruptcy Court for the:	EASTERN DISTRICT C	OF MICHIGAN		
Case	number					
(if know	/n)				_	eck if this is an ended filing
					ann	onded ming
Offi	cial For	m 106Sum				
			and Liabilities ar	nd Certain Statistical Information	<u> </u>	12/15
inform	nation. Fill or original form	ut all of your schedule	es first; then complete th	e are filing together, both are equally responsible information on this form. If you are filing aments the box at the top of this page.		
						assets e of what you own
1.	Schedule A/I 1a. Copy line	<b>3: Property</b> (Official Fo	orm 106A/B) rom Schedule A/B		\$_	0.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B		. \$	28,240.00
	1c. Copy line	63, Total of all property	y on Schedule A/B		\$	28,240.00
Part 2	2: Summa	rize Your Liabilities				
						liabilities unt you owe
			laims Secured by Property nn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i>	\$_	11,368.00
			Unsecured Claims (Officia 1 (priority unsecured claim	l Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	. \$	477.00
(	3b. Copy the	total claims from Part	2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F	. \$_	32,361.04
				Your total liabilitie	\$	44,206.04
Part 3	3: Summa	rize Your Income and	Expenses			
		our Income (Official Fo		) I	\$	3,076.00
		our Expenses (Official onthly expenses from li			\$	3,072.00
Part 4	Answer	These Questions for	Administrative and Stati	istical Records		
_			er Chapters 7, 11, or 13? on this part of the form. C	heck this box and submit this form to the court with	your other s	schedules.
7. <b>\</b>	■ Yes What kind of	debt do you have?				
i	Your de	bts are primarily con	sumer debts. Consumer o	debts are those "incurred by an individual primarily for	or a person	al, family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,113.98

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	477.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	477.00

Fill in	this info	ormation to identify your case	and this filing:		
Debto	or 1	Shannon Christine M			
Debto	or 2	First Name	Middle Name Last Name		
	e, if filing)	First Name	Middle Name Last Name		
Unite	d States	Bankruptcy Court for the: EAS	TERN DISTRICT OF MICHIGAN		
Case	number	-			☐ Check if this is an amended filing
					amended ming
~ · · ·	–	1004/5			
_		orm 106A/B			
Sc	hedu	ıle A/B: Proper	ty		12/15
think it inform	t fits best.	Be as complete and accurate as ore space is needed, attach a sep	s. List an asset only once. If an asset fits in more than or possible. If two married people are filing together, both an arate sheet to this form. On the top of any additional page	re equally responsible for su	pplying correct
Part 1	Descri	be Each Residence, Building, Lan	d, or Other Real Estate You Own or Have an Interest In		
1. <b>Do</b> '	vou own d	or have any legal or equitable inter	est in any residence, building, land, or similar property?		
	-	, ,			
`	No. Go to F	a 2.			
ЦΥ	Yes. Wher	e is the property?			
Part 2	Descri	be Your Vehicles			
3. Ca □ ! ■ `	No	trucks, tractors, sport utility v	enicies, motorcycles		
2.4	Makai	lanuar	Who has an interest in the preparty? Object	Do not deduct secured cla	aims or exemptions. Put
3.1	Make: Model:	Jaguar XF	Who has an interest in the property? Check one  Debtor 1 only	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Year:	2011	Debtor 2 only		Current value of the
	Approxin	nate mileage: 180,000	Debtor 1 and Debtor 2 only	Current value of the entire property?	portion you own?
	Other inf	ormation:	At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$5,000.00	\$2,500.00
	amples: B No		who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		d claims on Schedule D:
	Other inf	ormation:	At least one of the debtors and another	#40.000.00	#40.000.00
	Manuf	actured Home	☐ Check if this is community property (see instructions)	\$10,000.00	\$10,000.00

Official Form 106A/B Schedule A/B: Property page 1

Debto	r 1 Shannon C	hristine Mullin	Case number (if known)	
		of the portion you own for all of your entries from Part 2 hed for Part 2. Write that number here		\$12,500.00
			_	
		onal and Household Items		
Do yo	ou own or have any	legal or equitable interest in any of the following items	?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
Exa		furnishings ances, furniture, linens, china, kitchenware		
_	res. Describe			
		Household Goods & Furnishings		\$2,000.00
Exa	including ce	and radios; audio, video, stereo, and digital equipment; con Il phones, cameras, media players, games	nputers, printers, scanners; music col	ections; electronic devices
		Electronics Such as TVs & XBox		\$300.00
9. <b>Equ</b> 9. <b>Fin</b> 10. <b>Fin</b> 11. <b>Cl</b> E	other collect No Yes. Describe  sipment for sports amples: Sports, photomusical inst No Yes. Describe  rearms  xamples: Pistols, rifle No Yes. Describe  othes  xamples: Everyday of	ographic, exercise, and other hobby equipment; bicycles, p	pool tables, golf clubs, skis; canoes an	
		Clothing		\$500.00
	xamples: Everyday j	ewelry, costume jewelry, engagement rings, wedding rings,  Costume Jewelry	heirloom jewelry, watches, gems, gol	d, silver
	on-farm animals examples: Dogs, cats No	, birds, horses		

Official Form 106A/B

Yes. Describe.....

Schedule A/B: Property

De	ebtor 1	Shannon C	hristine	Mullin		Case number (if known	))
			Dog				\$25.00
	■ No	er personal a		•	not already list, including a	ny health aids you did not list	
15					Part 3, including any entries f	for pages you have attached	\$2,925.00
Pa	rt 4: Desc	ribe Your Fina	ncial Asset	:s			
Do	you own	or have any	legal or e	quitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		·	our wallet, in your ho	•	d on hand when you file your pet	ition
17.	•				ounts; certificates of deposit; s s with the same institution, list	shares in credit unions, brokerage each.	e houses, and other similar
	Yes				Institution name:		
			17.1.	Checking & Savings	People Driven Cred	dit Union	\$16.00
			17.2.	Checking	Chase		\$49.00
		es: Bond funds		cly traded stocks ent accounts with bro	okerage firms, money market a	accounts	
19.	Non-pub joint ver ■ No	•	tock and	interests in incorpo	orated and unincorporated b	businesses, including an intere	est in an LLC, partnership, and
		ive specific in		about them me of entity:		% of ownership:	
20.	Negotial Non-neg	ole instrument	s include p	personal checks, cas	otiable and non-negotiable in shiers' checks, promissory not ansfer to someone by signing o	es, and money orders.	
	■ No □ Yes. Gi	ive specific in		about them uer name:			
21.	Example	ent or pensions: Interests in			103(b), thrift savings accounts,	, or other pension or profit-sharing	g plans
	■ No □ Yes. Lis	st each accou		rely. of account:	Institution name:		
22.	Your sha		ed deposi	ts you have made so	o that you may continue servic public utilities (electric, gas, w	ce or use from a company vater), telecommunications compa	anies, or others

Official Form 106A/B Schedule A/B: Property page 3

	Shannon	Christine Mullin			ase number (if known)	
☐ Ye	s		Institution na	me or individual:		
_	•	t for a periodic payn	nent of money to you, either for li	ife or for a number of y	/ears)	
■ No □ Ye	S	Issuer name and de	escription.			
24. Intere	ests in an educa	ation IRA, in an acc ), 529A(b), and 529	count in a qualified ABLE prog	ram, or under a qual	ified state tuition prograr	n.
■ No	, , ,		. , , ,			
☐ Ye	S	Institution name an	d description. Separately file the	records of any interes	sts.11 U.S.C. § 521(c):	
	-	future interests in	property (other than anything	listed in line 1), and	rights or powers exercise	able for your benefit
■ No		information about th	nem			
26. <b>Pate</b>	nts, copyrights	trademarks, trade	e secrets, and other intellectua sites, proceeds from royalties and		e	
■ No	•	omain names, webs	sites, proceeds from royalites and	u licensing agreement	3	
☐ Ye	s. Give specific	information about th	nem			
	mples: Building p	s, and other genera permits, exclusive lice	al intangibles censes, cooperative association	holdings, liquor license	es, professional licenses	
		information about th	nem			
Money o	or property owe	d to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
						•
□ No			em, including whether you alread	dy filed the returns and	d the tax years	
□ No	l		em, including whether you alread Anticipated Income Tax R		d the tax years Federal, State, City	\$750.00
□ No ■ Ye  29. <b>Fam</b> Exa. □ No	s. Give specific i  ily support  mples: Past due	nformation about the		efunds	Federal, State, City	
□ No ■ Ye  29. <b>Fam</b> Exa. □ No	s. Give specific i	nformation about the	Anticipated Income Tax R	efunds	Federal, State, City	
□ No ■ Ye  29. <b>Fam</b> Exa. □ No	s. Give specific i	nformation about the	Anticipated Income Tax R	efunds	Federal, State, City	

Official Form 106A/B Schedule A/B: Property page 4

Deb	tor 1	Shannon Christine Mullin		Case number (if known)	
_	If you a	terest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life ne has died.		are currently entitled to rec	eive property because
	Yes.	Give specific information			
		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or right		and for payment	
	Yes.	Describe each claim			
_	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims
	Yes.	Describe each claim			
_	Any fin I <sub>No</sub>	ancial assets you did not already list			
		Give specific information			
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here		jes you have attached	\$12,815.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
	No. Go	own or have any legal or equitable interest in any business-related to Part 6. So to line 38.	d property?		
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>[</b>		own or have any legal or equitable interest in any farm- Go to Part 7.	or commercial fishin	ng-related property?	
	_	Go to Fait 7.			
		_			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
_		have other property of any kind you did not already list? bles: Season tickets, country club membership			
		Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	nt number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$12,500.00		
57.		3: Total personal and household items, line 15	\$2,925.00		
58.		l: Total financial assets, line 36	\$12,815.00		
59.		: Total business-related property, line 45	\$0.00		
60.		6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$28,240.00	Copy personal property t	otal <b>\$28,240.00</b>
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$28,240.00

Official Form 106A/B

Schedule A/B: Property

page 5

Debtor 1	mation to identify your Shannon Christir			
200101	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN	
Case number				
(if known)				☐ Check if this is an amended filing

## Official Form 1060

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Pro	perty	You C	laim as l	Exempt	

	☐ You are claiming state and federal nonbar	nkruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)		
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	1989 Redman River Unknown Manufactured Home	\$10,000.00		\$10,000.00	11 U.S.C. § 522(d)(1)	
	Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit		
	Household Goods & Furnishings Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)	
	Ellie Holli Golloddie 772. GT			100% of fair market value, up to any applicable statutory limit		
	Electronics Such as TVs & XBox Line from Schedule A/B: 7.1	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)	
	Line IIIIII Schedule PAB. 1.1			100% of fair market value, up to any applicable statutory limit		
	Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
	Line IIIIII Schedule PAB. 11.1			100% of fair market value, up to any applicable statutory limit		
	Costume Jewelry Line from Schedule A/B: 12.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(4)	
	LINE HOITI SCHEUUIE PVD. 12.1			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Dog Line from Schedule A/B: 13.1	\$25.00		\$25.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Checking & Savings: People Driven Credit Union	\$16.00		\$16.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Chase Line from Schedule A/B: 17.2	\$49.00		\$49.00	11 U.S.C. § 522(d)(5)
	Ente nom denedule 74 B. 11.2			100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)  11 U.S.C. § 522(d)(5)  11 U.S.C. § 522(d)(5)  11 U.S.C. § 522(d)(10)(D)
	Federal, State, City: Anticipated	\$750.00		\$750.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
	Child Support: Past Due Child Support	\$12,000.00		100%	11 U.S.C. § 522(d)(10)(D)
	Line from Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustme	nt.)
	Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Fill in this informa	ation to identify you	ır case:				
Debtor 1	Shannon Christ	ine Mullin				
20210	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
	cruptcy Court for the:	EASTERN DISTRICT OF MIC	HIGAN			
Officed States Barr	dupicy Court for the.	LASTERN DISTRICT OF MIC	TIIOAN			
Case number					□ Check	if this is an
			,			ded filing
Official Form	106D					
		Who Have Claims	Secured	l by Propert	V	12/15
is needed, copy the A		If two married people are filing togeth out, number the entries, and attach it				
number (if known). 1. Do anv creditors h	ave claims secured by	v vour property?				
	•	his form to the court with your other	r schedules. Yo	ou have nothing else t	o report on this form.	
_	all of the information	•		ŭ	•	
Part 1: List All	Secured Claims					
	aims. If a creditor has i	more than one secured claim, list the cre	editor separately	Column A	Column B	Column C
		s a particular claim, list the other creditor cal order according to the creditor's name		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Ally Financ	ial	Describe the property that secures	the claim:	value of collateral. \$11,368.00	claim \$5,000.00	If any <b>\$6,368.00</b>
Creditor's Name		2011 Jaguar XF 180,000 mil	es			
P.O. Box 38	80901	As of the date you file, the claim is: apply.	Check all that			
Minneapoli	s, MN 55438	Contingent				
Number, Street, C	City, State & Zip Code	Unliquidated				
Who owes the deb	t? Check one	☐ Disputed  Nature of lien. Check all that apply.				
Debtor 1 only	ti oneck one.	An agreement you made (such as				
Debtor 2 only		car loan)	mortgage or sect	urea		
Debtor 1 and Deb	tor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this clai		Other (including a right to offset)	Purchase M	loney Security Int	erest	
Date debt was incur	red 12/16/2016	Last 4 digits of account num	nber 2531			
				<b>**</b>	20.00	
	•	olumn A on this page. Write that num the dollar value totals from all pages		\$11,36		
Write that number		mo donar varao totalo nom an pagoo	•	\$11,36	88.00	
Part 2: List Othe	ers to Be Notified fo	or a Debt That You Already Listed	i			
		e notified about your bankruptcy for				
than one creditor fo		we to someone else, list the creditor t you listed in Part 1, list the additionalis is page.				
		- <sub> </sub> - J				
Name, Number	er, Street, City, State & 2	Zip Code	On whic	h line in Part 1 did you e	nter the creditor? 2.1	
P.O. Box 3			Last 4 di	igits of account number		
winneapoi	is, MN 55438					

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill	l in this inform	ation to identify your ca	se:							
De	btor 1	Shannon Christine	Mullin							
		First Name	Middle Name	Last Nam	е					
	btor 2 buse if, filing)	First Name	Middle Name	Last Nam	e					
Un	ited States Ban	kruptcy Court for the:	EASTERN DISTRICT OF I	MICHIGAN						
	se number									
(if kı	nown)							_	eck if this is ended filing	an
								_ ame	anded ming	
Of	ficial Form	106E/F								
Sc	hedule E/	F: Creditors Wr	o Have Unsecur	ed Claim	S				12/	15
Scho Scho left. nam	edule G: Executo edule D: Credito Attach the Conti le and case num	ory Contracts and Unexpire ors Who Have Claims Secur inuation Page to this page.	at could result in a claim. A cd Leases (Official Form 106 ed by Property. If more spac If you have no information t ecured Claims	G). Do not incl e is needed, co	ude any cre	ditors wit	th partially d, fill it out,	secured claims th number the entri	at are listed es in the box	in ces on the
1.	Do any creditor	rs have priority unsecured	claims against you?							
	☐ No. Go to Pa	art 2.								
	Yes.									
2.	identify what type possible, list the	e of claim it is. If a claim has claims in alphabetical order	If a creditor has more than one both priority and nonpriority an according to the creditor's nam cular claim, list the other credit	nounts, list that ne. If you have n	claim here a	nd show b	oth priority	and nonpriority amo	ounts. As mud	ch as
	(For an explanat	tion of each type of claim, se	e the instructions for this form i	in the instruction	booklet.)	Tatal al		Dulante	Managai	:4
	_					Total cl	aım	Priority amount	Nonprio amount	
	Ctoto of	Michigan			unknow	V	\$477.00	\$477.	00	¢0.00
2.1		Michigan ditor's Name	Last 4 digits of ac	count number	<u>n</u>		<b>Φ477.00</b>	Ψ4//.		\$0.00
	c/o Attor	rney General Grand Blvd., #10-200	When was the del	bt incurred?	2018			_		
		reet City State Zip Code	As of the date you	u file, the claim	is: Check a	all that app	ly			
	Who incurred	the debt? Check one.	☐ Contingent							
	■ Debtor 1 on	nly	☐ Unliquidated							
	Debtor 2 on	nly	☐ Disputed							
	Debtor 1 an	nd Debtor 2 only	Type of PRIORITY	unsecured cla	aim:					
	☐ At least one	e of the debtors and another	☐ Domestic supp	ort obligations						
	☐ Check if th	nis claim is for a communit	y debt Taxes and cert	ain other debts	you owe the	governme	ent			
	Is the claim su	ubject to offset?	☐ Claims for deat	h or personal in	jury while yo	u were int	oxicated			
	No		☐ Other. Specify							
	☐ Yes			Income Ta	X					
Pa	rt 2: List All	of Your NONPRIORITY	Unsecured Claims							
3.	Do any creditor	rs have nonpriority unsecu	ed claims against you?							
	☐ No. You have	e nothing to report in this par	. Submit this form to the court	with your other	schedules.					
	Yes.									
4.	unsecured claim	n, list the creditor separately f	ns in the alphabetical order or each claim. For each claim I the other creditors in Part 3.If	listed, identify w	hat type of c	laim it is. I	Do not list c	aims already includ	ded in Part 1.	If more

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 9

Debto	Shannon Christine Mullin		Case number (if known)	
4.1	Account Services	Last 4 digits of account number	E333	\$200.00
	Nonpriority Creditor's Name 1802 NE Loop 410 Ste 400 San Antonio, TX 78217	When was the debt incurred?	11/29/2017	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	• •	
	Yes	Other. Specify Collection	Account for St. John Hospital	
4.2	Beaumont Health Nonpriority Creditor's Name	Last 4 digits of account number	0562	\$465.04
	P.O. Box 554378 Detroit, MI 48255	When was the debt incurred?	10/18/2017	
	Number Street City State Zip Code  Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.3	Comenity Bank/Avenue Nonpriority Creditor's Name	Last 4 digits of account number	2671	\$1,513.00
	P.O. Box 182789 Columbus, OH 43218	When was the debt incurred?	05/20/2011	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	

Debtor	1 Shannon Christine Mullin		Case number (if known)				
4.4	DSNB/Macys	Last 4 digits of account number	1097	\$1,094.00			
	Nonpriority Creditor's Name P.O. Box 8218 Mason, OH 45040	When was the debt incurred?	12/16/2012				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	I claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.5	First Premier Bank	Last 4 digits of account number	Various	\$1,277.00			
	Nonpriority Creditor's Name 3820 N Louise Ave Sioux Falls. SD 57107	When was the debt incurred?	Various				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>				
4.6	Kohls Department Store Nonpriority Creditor's Name	Last 4 digits of account number	3412	\$3,260.00			
	P.O. Box 3115 Milwaukee, WI 53201	When was the debt incurred?	12/22/2011				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	□ Debts to pension or profit-sharin	g plans, and other similar debts				
	■ No □ Yes						
	Li res	Other. Specify Charge Acc	Juni				

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debto	Shannon Christine Mullin		Case number (if known)					
4.7	McLaren Medical Group	Last 4 digits of account number	5446	\$441.00				
	Nonpriority Creditor's Name P.O. Box 441575 Detroit. MI 48244-1575	When was the debt incurred?	09/07/2017	· · · · · · · · · · · · · · · · · · ·				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	$\square$ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify Medical Bil	<u> </u>					
4.8	Sears/CBNA Nonpriority Creditor's Name	Last 4 digits of account number	8219	\$3,436.00				
	P.O. Box 6282	When was the debt incurred?	11/02/2013					
	Sioux Falls, SD 57117							
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card						
4.9	SYNCB/Care Credit Nonpriority Creditor's Name	Last 4 digits of account number	8066	\$5,631.00				
	P.O. Box 965036 Orlando, FL 32896	When was the debt incurred?	06/10/2010					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	report as priority claims	separation agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Charge Acc	count					

SYNCB/GAP	Last 4 digits of account number	9407	\$3,500.00
Nonpriority Creditor's Name PO Box 965005 Orlando, FL 32896	When was the debt incurred?	12/09/2012	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
SYNCB/PayPal Smart Conn	Last 4 digits of account number	6920	\$2,247.00
Nonpriority Creditor's Name P.O. Box 965005 Orlando, FL 32896	When was the debt incurred?	05/09/2016	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Lateta	
At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	a ciaim:	
☐ Check if this claim is for a community debt sthe claim subject to offset?	_	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other Specify Credit Card		
SYNCB/Toys R Us DC		0457	\$2,268.00
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ2,200.00
P.O. Box 965001 Orlando, FL 32896	When was the debt incurred?	12/16/2012	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
-	■ Other Specify Charge Acc		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor	1 Shannon Christine Mullin	Case number (if known)							
4.1	TD Bank USA/Target Credit	Last 4 digits of account number 3500		\$1,254.00					
	Nonpriority Creditor's Name NCD-0450 P.O. Box 1470	When was the debt incurred? 03/08/2	2013						
	Minneapolis, MN 55440  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check a	II that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separation agree report as priority claims	ement or divorce that you did not						
	■ No	$\square$ Debts to pension or profit-sharing plans, an	d other similar debts						
	Yes	Other. Specify Credit Card							
4.1	The Home Depot/CBNA	Last 4 digits of account number 2761		\$5,215.00					
	Nonpriority Creditor's Name P.O. Box 6497 Sioux Falls, SD 57117	When was the debt incurred? 11/23/2	2013						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check a	ll that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separation agree report as priority claims	ement or divorce that you did not						
	■ No	Debts to pension or profit-sharing plans, an	d other similar debts						
	Yes	■ Other. Specify Charge Account							
4.1 5	Water Treatment Services	Last 4 digits of account number Unkno	wn	\$560.00					
	Nonpriority Creditor's Name 12600 31 Mile Rd. Washington, MI 48094	When was the debt incurred? 2018							
	Number Street City State Zip Code	As of the date you file, the claim is: Check a	ll that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:							
	Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement as priority claims	ations arising out of a separation agreement or divorce that you did not						
	No	☐ Debts to pension or profit-sharing plans, an	d other similar debts						
		· · · · · · · · · · · · · · · · · · ·							
	Yes	■ Other. Specify Water Softner Renta	<u>aı</u>						

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 9

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Shannon Christine Mullin		Case number (if known)
Name and Address Comenity Bank/Avenue PO Box 659584 San Antonio, TX 78265		Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address First Premier Bank P.O. Box 5529 Sioux Falls, SD 57117	On which entry in Part 1 or Part 2 did you Line 4.5 of (Check one):	list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Home Depot P.O. Box 78011 Phoenix, AZ 85062		Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Kohls PO BOX 2983 Milwaukee, WI 53201		I list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Macys 9111 Duke Blvd. Mason, OH 45040		I list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Macys P.O. Box 9001094 Louisville, KY 40290		list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Sears Credit Card P.O. Box 78051 Phoenix, AZ 85062	<u> </u>	list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Sears/CBNA P.O. Box 6497 Sioux Falls, SD 57117		Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address St. John Hospital & Medical P.O. Box 773179 3179 Solution Center Chicago, IL 60677		Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address State of Michigan Michigan Dept. of Treasury Office of Collections P.O. Box 30199 Lansing, MI 48909		l list the original creditor?  ■ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address State of Michigan Bankruptcty Unit P.O. Box 30168 Lansing, MI 48909		list the original creditor?  ■ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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SYNCB/Toy R Us	Line 4.12 of (Check one):	☐ Part 1: C	creditors with	Priority Unsecured Claims	
P.O. Box 530938		Part 2: C	reditors with	Nonpriority Unsecured Claims	
Atlanta, GA 30353	Last 4 digits of account number				
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the or	iginal credito	ır?	
SYNCB/Toys R US	Line <b>4.12</b> of ( <i>Check one</i> ):	☐ Part 1: C	reditors with	Priority Unsecured Claims	
4125 Windward Plaza		Part 2: C	reditors with	Nonpriority Unsecured Claims	
Alpharetta, GA 30005	Last 4 digits of account number				
Name and Address	<del>-</del>	d vou liet the ev	ininal aradita	-2	
Name and Address  Target Card Services	On which entry in Part 1 or Part 2 did Line <b>4.13</b> of ( <i>Check one</i> ):			r? Priority Unsecured Claims	
PO Box 660170	Line 4.13 of (Check one).			•	
Dallas, TX 75266		■ Part 2: C	reditors with	Nonpriority Unsecured Claims	
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	d you list the or	iginal credito	ır?	
TD Bank USA/Target Credit	Line 4.13 of (Check one):	-	-	Priority Unsecured Claims	
7000 Target Parkway North	<u> </u>			Nonpriority Unsecured Claims	
MAIL STOP NCD-0450		— 1 alt 2. C	realiors with	Trionphonty onsecured claims	
Minneapolis, MN 55445	Last 4 digits of account number				
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the or	iginal credito	ır?	
THD/CBNA	Line <b>4.14</b> of ( <i>Check one</i> ):	-	-	Priority Unsecured Claims	
One Court Square		Part 2: C	reditors with	Nonpriority Unsecured Claims	
Long Island City, NY 11120				Tronphoney encoured claims	
	Last 4 digits of account number				
Part 4: Add the Amounts for Each Type of	Unsecured Claim				
6. Total the amounts of certain types of unsecured c		cal reporting i	purposes o	nly. 28 U.S.C. §159. Add the amounts for	each
type of unsecured claim.					-
				Total Claim	
6a. Domestic support obligation	ons	6a.	\$	0.00	
6a. Domestic support obligation	ons	6a.	\$	0.00	
Total claims	ons	6a.	\$	0.00	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 9

#### Debtor 1 Shannon Christine Mullin Case number (if known) Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 477.00 **Total Claim** Student loans 6f. 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 32,361.04

6j.

32,361.04

Total Nonpriority. Add lines 6f through 6i.

Fill in this infor	mation to identify your	case:		
Debtor 1	Shannon Christir	ne Mullin		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F MICHIGAN	
Case number _				☐ Check if this is an amended filing
_				_

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for	
2.1	Chrysler Capital PO Box 961275 Fort Worth, TX 76161	2017 Dodge Charger Lease	
2.2	Springbrook Estates 71400 Van Dyke Rd. Romeo, MI 48065	Lot Rent	

					-
Fill in this inform	nation to identify your	case:			
Debtor 1	Shannon Christin				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case number (if known)					☐ Check if this is an amended filing
Official Fo <b>Schedule</b>	rm 106H <b>H: Your Cod</b>	ebtors			12/15
people are filing fill it out, and nur your name and c	together, both are equestions the entries in the ase number (if known)	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct information the Additional Page to	n. If more space is this page. On the to	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
□ No ■ Yes					
			roperty state or territory? erto Rico, Texas, Washing		ty states and territories include )
■ No. Go to □ Yes. Did y		use, or legal equivalent live	e with you at the time?		
in line 2 aga	in as a codebtor only i Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make su	re you have listed t	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill
	n 1: Your codebtor umber, Street, City, State and ZI	P Code		Column 2: The cr Check all schedul	reditor to whom you owe the debt les that apply:
44001	ce Leondre Griffin Kingsgate Dr., Apt. ng Heights, MI 48314			■ Schedule D, □ Schedule E/F □ Schedule G _ Ally Financial	

Fill	in this information to identify your ca	ase:								
De	btor 1 Shannon Ch	nristine Mullin			_					
1 -	obtor 2				_					
Un	ited States Bankruptcy Court for the	: EASTERN DISTRICT	OF MICHIGAN							
	se number		_			Chec	k if this is:			
(If k	nown)						n amende	_		
									ng postpetition ollowing date:	
0	fficial Form 106l					M	IM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome								12/15
atta	puse. If you are separated and you ach a separate sheet to this form.  It 1: Describe Employment  Fill in your employment		onal pages, write yo				imber (if	known). A	Answer every	
	information.		Debtor 1						iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>	_				☐ Employed ☐ Not employed		
	employers.	Occupation	Manager							
	Include part-time, seasonal, or self-employed work.	Employer's name	Friends & Fami	ly, Inc.						
	Occupation may include student or homemaker, if it applies.	Employer's address	7730 Smale St. Washington, M	I 48094						
		How long employed t	here? 10 yea	rs						
Pa	rt 2: Give Details About Mor	nthly Income								
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	report for	any	line, write	\$0 in the	space. In	clude your noi	n-filing
	ou or your non-filing spouse have more space, attach a separate sheet to		ombine the information	on for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
						For Dek	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2	,513.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		754.00	+\$	N/A	
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	3,26	67.00	\$	N/A	

				F	or Debtor 1		Debtor 2 or filing spouse
	Copy	y line 4 here	4.	\$	3,267.00	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	238.00	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	211.00	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	N/A
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	449.00	\$	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,818.00	\$	N/A
8.	List a	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$—	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	_ 8f. _ 8g.	\$	0.00	\$	N/A N/A
	•	Payment from Ex-Fiancee for					
	8h.	Other monthly income. Specify: Jaguar Vehicle	_ 8h.+	\$	258.00	- \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	258.00	\$	N/A
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,076.00 + \$_		N/A = \$ 3,076.00
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your or friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•		chedule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ <b>3,076.00</b>
							Combined monthly income
13.	Do y □	ou expect an increase or decrease within the year after you file this form?  No.	?				
		Yes. Explain: Debtor is entitled to child support although she has no state or federal income taxes withheld fro					

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future to have the proper amounts withheld.

	in this informat	tion to identify yo	r. 00001								
	in this informat	tion to identity yo	ur case.								
Deb	tor 1	Shannon Chi	ristine M	ullin		_			this is:		
D-1-	40								amended filing		
	tor 2 ouse, if filing)					_				ring postpetition cha he following date:	apter
(0)	, a.o.,g,								•		
Unit	ed States Bankr	uptcy Court for the:	EASTE	RN DISTRICT OF MIC	CHIGAN	_		MM	I / DD / YYYY		
Cas	e number										
(If kı	nown)										
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your I	 Exper	ises							12/15
Be info	as complete a ormation. If mo nber (if knowi	and accurate as ore space is nee n). Answer ever	possible. eded, atta y question	If two married peopl ch another sheet to t							
Par 1.	Is this a join	ibe Your House	noid								
٠.	_										
	■ No. Go to	ılıne 2. s Debtor 2 live i	n a conar	ata hausahald?							
			ii a sepai	ate nousenoiu:							
		-	t file Offici	al Form 106J-2, <i>Exper</i>	anna far Camarata	Hayaabald	of Do	htor (			
	<b>□</b> 16	es. Debiol 2 mus	t life Offici	ai Fullii 1005-2, Exper	ises for Separate i	поиѕеною	oi De	DIOI 2	۷.		
2.	Do you have	e dependents?	☐ No								
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information f each dependent	•		p to		Dependent's age	Does dependent live with you?	
	Do not state	the								□ No	
	dependents i				Son				10	■ Yes	
										□ No	
					Son				15	■ Yes	
										□ No	
										☐ Yes	
										☐ No	
	_									☐ Yes	
3.	expenses of yourself and	enses include f people other th d your depender	nts?	No Yes							
Par		ate Your Ongoir				41.1. 6					•
exp				uptcy filing date unle y is filed. If this is a s							
Incl	lude expenses	s paid for with r	ion-cash	government assistan	ce if you know						
			d have inc	luded it on Schedule	: I: Your Income				Your expe	neae	
(Ott	ficial Form 10	61.)						_	Tour expe	:11363	
4.		r home ownersl d any rent for the		ses for your residend r lot.	ce. Include first mo	ortgage	4.	\$_		549.00	
	If not includ	ed in line 4:									
	40 Doo! -	estata tayas					10	¢		0.00	
		state taxes rty, homeowner's	or rentor	's insurance			4a. 4b.			0.00	
		•		s insurance ipkeep expenses			40. 4c.	: —		5.00	
		owner's associati						<b>\$</b> -		0.00	
5.				our residence, such as	s home equity loar	าร		\$ _		0.00	

modification to the terms of your mortgage?

☐ Yes. Explain here:

Official Form 106J Schedule J: Your Expenses Doc 1 Filed 03/29/19 Entered 03/29/19 19:13:42 Page 32 of 50 19-44825-mar

Fill in this inform	ation to identify your	case:					
Debtor 1	Shannon Christin						
Debtor 2	First Name	Middle Name	Last Name				
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ban	kruptcy Court for the:	EASTERN DISTRICT (	OF MICHIGAN				
Case number							
(if known)					☐ Check if this is an amended filing		
Official Form							
Declarati	on About a	ın Individual	l Debtor's Sch	edules	12/15		
If two married peo	pple are filing together	r, both are equally respo	onsible for supplying correc	t information.			
You must file this	form whenever you fi	le hankruntov schedule	s or amended schedules M	laking a false sta	tement, concealing property, or		
obtaining money	or property by fraud in	n connection with a ban			100, or imprisonment for up to 20		
years, or both. 18	U.S.C. §§ 152, 1341, 1	519, and 3571.					
Sign	Below						
Did you pay	or agree to pay some	one who is NOT an atto	rney to help you fill out ban	kruptcy forms?			
■ No							
☐ Yes. Na	ame of person				Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119)		
Under penalt	v of periury. I declare	that I have read the sun	nmary and schedules filed w	vith this declarat	ion and		
	true and correct.		,				
X /s/ Shan	non Christine Mulli	n	X				
	n Christine Mullin of Debtor 1		Signature of De	ebtor 2			
Date M	arch 28, 2019		Date				

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill in thi	s information to identify you	r case:				
Debtor 1		Shannon Christine Mullin  First Name Middle Name Last Name				
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, fi	iling) First Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN			
Case nun	mber					
(if known)					Check if this is an	
					amended filing	
Officia	al Form 107					
	al Form 107 ment of Financial	Affairs for Individ	duals Filing for B	ankruntcy	4/16	
	nplete and accurate as poss					
information	on. If more space is needed if known). Answer every que	, attach a separate sheet to				
Part 1:	Give Details About Your Ma		ı Lived Before			
	t is your current marital state		21100 201010			
_	•					
_	Married Not married					
2. Durir	ng the last 3 years, have you	lived anywhere other than	where you live now?			
_	No					
	Yes. List all of the places you	lived in the last 3 years. Do no	ot include where you live nov	<i>1</i> .		
Deb	tor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there	
111450 25 Mile Rd.		From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1	
Utic	ca, MI 48315	2013-2017			From-To:	
states and	in the last 8 years, did you ed territories include Arizona, Ca No Yes. Make sure you fill out Sc Explain the Sources of You	alifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (Of	vada, New Mexico, Puerto R			
4. Did v	you have any income from e	mnloyment or from operating	ng a husingse during this w	par or the two previous calc	andar veare?	
Fill in	n the total amount of income you are filing a joint case and you	ou received from all jobs and a	all businesses, including part	-time activities.	ilidai years:	
	No					
	Yes. Fill in the details.					
		Debtor 1		Debtor 2		
		Sources of income	Gross income	Sources of income	Gross income	
		Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)	
From January 1 of current year until the date you filed for bankruptcy:		■ Wages, commissions, bonuses, tips	\$10,081.16	☐ Wages, commissions, bonuses, tips		
		☐ Operating a business		☐ Operating a business		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

71400 Van Dyke Rd. ☐ Car Romeo, MI 48065 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors Other Lot Rent

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Deb	tor 1 Shannon Christine Mullin Case r		e number (if known)			
11.	Within 90 days before you filed for banks accounts or refuse to make a payment b  No Yes. Fill in the details.	uptcy, did any creditor, including a bank or financial ins cause you owed a debt?	titution, set off any amounts from your			
	Creditor Name and Address	Describe the action the creditor took	Date action was Amount			
	Creditor Name and Address	Describe the action the creditor took	taken			
	court-appointed receiver, a custodian, or  No Yes		ssignee for the benefit of creditors, a			
Par	rt 5: List Certain Gifts and Contribution	<b>i</b>				
13.	■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and	ptcy, did you give any gifts with a total value of more the	Dates you gave the gifts			
	Address:					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No □ Yes. Fill in the details for each gift or contribution.					
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Dates you Value contributed			
Par	rt 6: List Certain Losses					
15.		otcy or since you filed for bankruptcy, did you lose anyt	hing because of theft, fire, other disaster,			
		Describe any incomence accommon for the leas	Data of views Value of premarks			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your Value of property loss lost			
Par	rt 7: List Certain Payments or Transfers					
	Within 1 year before you filed for bankru consulted about seeking bankruptcy or	otcy, did you or anyone else acting on your behalf pay of reparing a bankruptcy petition? eparers, or credit counseling agencies for services required				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	Description and value of any property transferred	Date payment Amount of or transfer was payment made			
	Law Offices of Joshua B. Sanfield 28850 Mound Rd. Warren, MI 48092 jsanfield@sanfieldlaw.com Debtor	\$950.00	3/5/19 \$950.00			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

7.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you  No	s or to make payments			r transfer any proper	ty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any prope	erty	Date payment or transfer was made	Amount of payment
8.	Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already  No	siness or financial affa de as security (such as t	i <b>irs?</b> he granting of a se		• • •	
	☐ Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v property transferr			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot  No Yes. Fill in the details.		y property to a se	elf-settled tru	st or similar device o	f which you are a
	The second secon				Date Transfer was made	
<ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in you sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>						
		Last 4 digits of account number	Type of accoun instrument	clo mo	sed, sold, ved, or nsferred	before closing or transfer
<ul> <li>Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository fo cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>		ory for securities,				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St State and ZIP Code)		escribe the o	contents	Do you still have it?
22.	Have you stored property in a storage unit or  ☐ No ☐ Yes. Fill in the details.	r place other than your	home within 1 ye	ear before yo	u filed for bankruptcy	/?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		escribe the o	contents	Do you still have it?
	Uhaul 12750 31 Mile Rd. Washington, MI 48095	Debtor Only		Christmas D Clothing	ecorations,	□ No ■ Yes

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Par	t 9: Identify Property You Hold or Control for	Someone Else				
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prope	erty yo	ou borrowed from, are storing fo	r, or hold in trust	
	No No					
	Yes. Fill in the details.	Mile and in the managers of	Day	anila dha mananata	Walio	
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value	
Par	t 10: Give Details About Environmental Information	ation				
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, groun	_	•		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law,	whether you now own, operate,	or utilize it or used	
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s was	ste, hazardous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n the	y occurred.		
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	e und	er or in violation of an environm	ental law?	
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	ve you notified any governmental unit of any release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	nd	Environmental law, if you know it	Date of notice	
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	/ironn	nental law? Include settlements	and orders.	
	■ No					
	Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case	
Par	t 11: Give Details About Your Business or Con	nections to Any Business				
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of	the following connections to an	y business?	
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)					
	☐ A partner in a partnership					
		tive of a corporation				
	☐ An owner of at least 5% of the voting or	•	,			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debt	Shannon Christine Mullin	C	ase number (if known)
	No. None of the above applies. Go to	Part 12.	
[	Yes. Check all that apply above and fil	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
			Dates business existed
	Vithin 2 years before you filed for bankrup nstitutions, creditors, or other parties.	tcy, did you give a financial statement to a	anyone about your business? Include all financial
	■ No		
i	Yes. Fill in the details below.		
	Name	Date Issued	
	Address (Number, Street, City, State and ZIP Code)	Date issued	
Part	12: Sign Below		
are tre with a 18 U.S	ue and correct. I understand that making a bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
	hannon Christine Mullin		
	nnon Christine Mullin ature of Debtor 1	Signature of Debtor 2	
Date	March 28, 2019	Date	
Did y	ou attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?
■ No			
☐ Ye	s		
	ou pay or agree to pay someone who is no	t an attorney to help you fill out bankrupto	cy forms?
■ No		antico Bellina Brancounde Meline B. J. S.	and O'constant (Official Faces 440)
⊔ Ye	s. Name of Person Attach the <i>Bankru</i>	iptcy Petition Preparer's Notice, Declaration,	ana Signature (Official Form 119).

## **United States Bankruptcy Court Eastern District of Michigan**

In re	Shanno	on Christine M	Mullin		Cas	e No.		
-				Debtor(s)	Cha	pter	7	
				OF ATTORNEY FOR I				
	The und	ersigned, pursua	ant to F.R.Bankr.P. 2016(b), s	states that:				
1.	The und	ersigned is the at	attorney for the Debtor(s) in the	his case.				
2.	The com	pensation paid o	or agreed to be paid by the D	ebtor(s) to the undersigned	l is: [Check one]			
	[ <b>X</b> ]	FLAT FEE						
	A.		rices rendered in contemplation in filing fee paid				950.00	
	В.	Prior to filing	this statement, received	• • • • • • • • • • • • • • • • • • • •			950.00	
	C.		alance due and payable is				0.00	
	[]	RETAINER			_			
	A.	Amount of ret	etainer received					
	B.		ned shall bill against the retai all Court approved fees and				urly rate schedule.] Debtor	r(s) have
3.	\$ 0.00	of the filing	fee has been paid.					
4.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]							
	A. B. C. D. E.	bankruptcy; Preparation and Representation	e debtor's financial situation, and filing of any petition, sched in of the debtor at the meeting in of the debtor in adversary p is;	dules, statement of affairs a	and plan which ma tion hearing, and a	y be ro	equired; ourned hearings thereof;	
	F.	Redemptions;						
	G.	Other: exemption p	olanning; filing of reaffirn	nation agreements and	l applications as	s need	ded.	
5.	By agree	ement with the de	debtor(s), the above-disclosed tion of the debtors in any 2004 examinations (dep	fee does not include the for dischargeability action	ollowing services:			versary
6.	The sour A. B.		to the undersigned was from Debtor(s)' earnings, wage Other (describe, includin	es, compensation for services	ces performed			
7.			t shared or agreed to share, w nsation paid or to be paid exc		than with member	rs of th	ne undersigned's law firm o	or
Dated:	Marcl	h 28, 2019			/s/ Joshua B. S			
					28850 Mound I Warren, MI 480	field Josh Rd. 192		<b>:.</b>
Agreed:	/s/ Sh	annon Christi	ine Mullin					
J	Shan	non Christine						
	Debto	r			Debtor			

### Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$24	5 filing fee	
\$75	5 administrative fee	
<u>+</u> \$15	5 trustee surcharge	
\$33	5 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy form

s.html#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## **United States Bankruptcy Court Eastern District of Michigan**

In re	Shannon Christine Mullin	Case No.
		Debtor(s) Chapter <u>7</u>
	VER	IFICATION OF CREDITOR MATRIX
Γhe abo	ove-named Debtor hereby verifie	that the attached list of creditors is true and correct to the best of his/her knowledge.
Date:	March 28, 2019	/s/ Shannon Christine Mullin
		Shannon Christine Mullin
		Signature of Debtor

Account Services 1802 NE Loop 410 Ste 400 San Antonio, TX 78217

Ally P.O. Box 380902 Minneapolis, MN 55438

Ally Financial P.O. Box 380901 Minneapolis, MN 55438

Beaumont Health P.O. Box 554378 Detroit, MI 48255

Chrysler Capital PO Box 961275 Fort Worth, TX 76161

Comenity Bank/Avenue P.O. Box 182789 Columbus, OH 43218

Comenity Bank/Avenue PO Box 659584 San Antonio, TX 78265

DSNB/Macys P.O. Box 8218 Mason, OH 45040

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

First Premier Bank P.O. Box 5529 Sioux Falls, SD 57117

Home Depot P.O. Box 78011 Phoenix, AZ 85062 Kohls PO BOX 2983 Milwaukee, WI 53201

Kohls Department Store P.O. Box 3115 Milwaukee, WI 53201

Macys 9111 Duke Blvd. Mason, OH 45040

Macys P.O. Box 9001094 Louisville, KY 40290

Maurice Leondre Griffin 44001 Kingsgate Dr., Apt. 3 Sterling Heights, MI 48314

McLaren Medical Group P.O. Box 441575 Detroit, MI 48244-1575

Sears Credit Card P.O. Box 78051 Phoenix, AZ 85062

Sears/CBNA P.O. Box 6282 Sioux Falls, SD 57117

Sears/CBNA P.O. Box 6497 Sioux Falls, SD 57117

Springbrook Estates 71400 Van Dyke Rd. Romeo, MI 48065

St. John Hospital & Medical P.O. Box 773179 3179 Solution Center Chicago, IL 60677

State of Michigan c/o Attorney General 3030 W. Grand Blvd., #10-200 Detroit, MI 48202

State of Michigan Michigan Dept. of Treasury Office of Collections P.O. Box 30199 Lansing, MI 48909

State of Michigan Bankruptcty Unit P.O. Box 30168 Lansing, MI 48909

SYNCB/Care Credit P.O. Box 965036 Orlando, FL 32896

SYNCB/Care Credit P.O. Box 960061 Orlando, FL 32896

SYNCB/GAP PO Box 965005 Orlando, FL 32896

SYNCB/Gap 4125 Windward Plaza Alpharetta, GA 30005

SYNCB/Gap P.O. Box 530942 Atlanta, GA 30353

SYNCB/PayPal P.O. Box 960080 Orlando, FL 32896

SYNCB/PayPal Smart Conn P.O. Box 965005 Orlando, FL 32896 SYNCB/Paypay 4125 Windward Plaza Alpharetta, GA 30005

SYNCB/Toy R Us P.O. Box 530938 Atlanta, GA 30353

SYNCB/Toys R US 4125 WIndward Plaza Alpharetta, GA 30005

SYNCB/Toys R Us DC P.O. Box 965001 Orlando, FL 32896

Target Card Services PO Box 660170 Dallas, TX 75266

TD Bank USA/Target Credit NCD-0450 P.O. Box 1470 Minneapolis, MN 55440

TD Bank USA/Target Credit 7000 Target Parkway North MAIL STOP NCD-0450 Minneapolis, MN 55445

THD/CBNA
One Court Square
Long Island City, NY 11120

The Home Depot/CBNA P.O. Box 6497 Sioux Falls, SD 57117

Water Treatment Services 12600 31 Mile Rd. Washington, MI 48094